



## CLIENT POLICY STATEMENT/INFORMED CONSENT AGREEMENT

This record of consent is required before the first assessment and treatment and will be maintained confidentially in the client file.

Massage Therapy includes the assessment (not diagnosis) and treatment of the soft tissues and joints of the body, using soft tissue manipulation, joint mobilization, hydrotherapy, re-patterning exercises, and self-care programs as determined by the therapist. Treatment plans will be discussed in advance with the client and must be agreed upon prior to the start of treatment.

By signing below, the client agrees to the following:

- All massage treatments, information, and records will be kept confidential and securely stored for use only by the massage therapist
- Written consent must be given by the client prior to any disclosure or sharing of their personal and clinical information with any third party
- Privacy will be assured as the client has the right to disrobe only to their comfort level and according to the requirements of the treatment
- Draping will be used by the therapist as required to expose only those parts of the clients body that require treatment and/or as the client chooses to ensure their comfort during treatment
- If at any time during the treatment, the client feels uncomfortable with the treatment for any reason, they have the right to request an immediate stop to the session or request modifications to the treatment, regardless of prior consent given
- The therapist may refuse to treat any client or part of their body with just and reasonable cause

### **Etiquette**

Cancellations: 24 hour notice is required to cancel appointments so that your time may be offered to another client. If I need to cancel your appointment within 24 hours of the scheduled appointment, I will gladly reschedule your session at a 10% discount.

No show: You will be charged 50% of the cost of the scheduled session.

Late clients: If you are more than 10 minutes late without prior notification, we may need to reschedule your appointment.

Hygiene: There is an expectation of client cleanliness for the health of both client and therapist.

Intoxication: In the instance a client is under the influence of drugs or alcohol, the appointment will be rescheduled and the client will be responsible for 50% of the cost of the scheduled session.

Sexual Impropriety: Sexual innuendoes, language, and behavior will not be tolerated. If such an occurrence takes place, the session will end immediately and the client will be charged the full price of the scheduled session.

Cell Phones: Please place your phone on mute/silent in order to ensure the most relaxing and calm environment for your session.

**Methods of Payment**

Payment is due in full at the time of service. Cash and Credit Cards are accepted.

**Disclaimer**

I am not responsible for lost or damaged personal belongings.

**Gift Certificates**

Gift certificates are not refundable or exchangeable at any time. Gift certificates are to be treated as cash, and are therefore not redeemable if lost or stolen. Gift certificates must be redeemed by expiration date in order to receive full value.

**Important Reminder**

Client is responsible for providing up to date medical information to the massage therapist prior to each session to ensure their safety and well-being.

I, \_\_\_\_\_(PRINT NAME), have read and understand the information above and consent to the massage treatment for the condition discussed with my therapist. I affirm that I have stated all known medical conditions and have answered all questions honestly. I understand that there shall be no liability on the practitioner's part should I forget to do so. In order to maximize the effectiveness and safety of massage sessions, I agree to give feedback during and at the end of my sessions.

Date: \_\_\_\_\_

Client name (print): \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

Therapist: \_\_\_\_\_